

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, 8<sup>th</sup> Floor  
San Francisco, California 94111-3834  
(415) 576-0200

Amendment

Attorney Docket No. 16303-007510

1632 #



In re application of: Phalgun B. Joshi, et al

Application No.: 09/295,925

Filed: April 21, 1999

Group Art Unit: 1632

For: COMBINATION THERAPY USING NUCLEIC ACIDS  
AND RADIO THERAPY

THE ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Date: October 10, 2000

I hereby certify that this is being deposited with the United States  
Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents  
Washington, D.C. 20231

RECEIVED

Signed: Linda Shaffer

OCT 20 2000

TECH CENTER 1600/2900

Sir:

Transmitted herewith is an amendment w/attachments in the above-identified application.

☒ Enclosed is a petition to extend time to respond.

☒ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☒ Enclosed is an Information Disclosure Statement.

If any extension of time is needed, then this response should be considered a petition therefor.

The filing fee has been calculated as shown below:

(Col. 1)

(Col. 2)

(Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 46	MINUS	** 45	= 1
INDEP.	* 3	MINUS	*** 3	= 0

☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM

RATE	ADDIT. FEE
1 x \$9.00 =	\$9.00
x \$40.00 =	\$0.00
+ \$135.00 =	
TOTAL ADDIT. FEE	\$9.00

OR

RATE	ADDIT. FEE
x \$18.00 =	
x \$80.00 =	
+ \$270.00 =	
TOTAL	

OR

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

☒ Claims fee

\$ 9.00

☒ Any additional fees associated with this paper or during the pendency of this application.

2 extra copies of this sheet are enclosed.

TOWNSEND and TOWNSEND and CREW LLP

Joseph R. Snyder  
Joseph R. Snyder, Reg. No. 39,381  
Attorneys for Applicant